



NAVY AND MARINE CORPS MEDICAL NEWS

March 2013

MEDNEWS Items of Interest

March highlights Navy Medicine's partnerships in health diplomacy. Navy Medicine's partnerships with health care organizations, local governments and militaries extend both nationally and internationally. Navy Medicine's labs partner to find new and innovative ways to treat diseases and our military personnel conduct training exercises with militaries around the globe.

March marks Navy Nutrition Month and Brain Injury Awareness Month

The Navy Surgeon General held a civilian all hands call March 5, regarding sequestration. Check the video out on the Navy Surgeon General's Corner: <http://www.med.navy.mil/leadership/sgvisits/Pages/default.aspx>

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Did You Know?

Navy Medicine, designated as the Executive Agent for the DoD HIV/AIDS Prevention Program, provides the world's largest source of HIV assistance to militaries and works with a worldwide cadre of military HIV experts to combat the harm and devastation that HIV inflicts on the health and readiness of the world's military populations.

San Diego surgical staff performs groundbreaking prenatal surgery

**By Mass Communication Specialist
Seaman Pyoung K. Yi, Naval Medical
Center San Diego Public Affairs**

SAN DIEGO - Naval Medical Center San Diego (NMCS D) performed a revolutionary medical procedure known as Ex-utero Intrapartum Treatment (EXIT) Feb. 27.

An EXIT procedure is performed for a fetus at critical risk for airway obstruction at birth. The goal of the procedure is to secure an airway for the fetus to allow routine neonatal resuscitation afterward.

Cmdr. Matthew Brigger, NMCS D's pediatric otolaryngologist and Residency Program director Otolaryngology Department, Lt. Cmdr. Whitney You, head of maternal fetal medicine, staff nurses and hospital corpsmen successfully performed the EXIT procedure on Alina

Bardos, 26, wife of Marine Sgt. Brandon Bardos, assigned to Marine Corps Base Hawaii Kaneohe Bay, and her infant son, Charlie.

"On the surface, the procedure is a C-section where the fetus is partially delivered for airway management," said Brigger. "In reality, the procedure is a highly-coordinated effort involving the expertise of the pediatric otolaryngology, maternal fetal medicine, pediatric anesthesia and obstetrical anesthesia teams."

It was the first time an EXIT procedure had been performed in NMCS D's history, and one of the few times the procedure has been performed at a Department of Defense medical facility.

"The hospital in general, we view

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Photo by Mass Communication Specialist 2nd Class John Philip Wagner, Jr.

A surgical team at Naval Medical Center San Diego perform an ex-utero intrapartum treatment (EXIT) procedure on a mother and her newborn son to correct an in-utero medical condition, Feb. 27. The baby was born at 35 weeks and four days. This was the first time the EXIT procedure was performed at Naval Medical Center San Diego.

Navy Medicine highlights its partnerships in health diplomacy

The U.S. Navy and Marine Corps are “America’s Away Team,” defending America forward and from the sea — Navy Medicine is a key player on that team. When it comes to global engagement, our Navy Medicine personnel are well suited to execute that mission. We take with us our professional training, our cultural ethos, and our good will. We have found that preventive medicine and health care are some of the best ice breakers when it comes to engaging with other cultures, organizations and countries around the globe.

This month, I would like to talk about Navy Medicine’s many partnerships in health diplomacy. Our partnerships with health care organizations, local governments and militaries extend both nationally and internationally. We partner to find new and innovative ways to treat diseases — partnerships that extend worldwide past the front door of our labs and far beyond the brow of our hospital ships. Partnerships in some host nations have lasted for over 50 years and these continue to en-

hance health and foster trust. We conduct training exercises with militaries around the globe. We learn so much from each other when we work together and understand the importance of interoperability.

I want to highlight a couple of partnerships that are really thriving and making a huge difference. First, our Naval Health Research Center in San Diego, Calif., is engaged with the Mexican government in a joint effort to conduct febrile respiratory illness (FRI) surveillance along both sides of the US-Mexico border. (FRI) is a common reason for respiratory failure and admission to intensive care units. Surveillance sites cover six border clinics in California and Arizona and provide annual opportunities for promoting

“We learn so much from each other when we work together and understand the importance of interoperability.”

**Vice Adm. Matthew Nathan
U.S. Navy Surgeon General**

training and scientific exchanges between Mexican and American lab technicians and public health staff. This collaborative effort is supported in part through enhanced cooperation between NHRC, Department of State Biosecurity Exchange Program, Centers for Disease Control and Prevention, and California Public Health.

We have also been working with the Mexican Navy on hyperbaric training with great success. Last month, Navy Medicine, via the U.S. Embassy in Mexico, received a request from the Mexican Navy to conduct a one-week course on hyperbaric medicine methods and techniques for 30 Mexican Navy physicians, nurses and divers. As a result of this successful endeavor, Malaysia has requested the same training course for September 2013. We are definitely looking forward to this and other partnerships.

Navy Medicine continues to partner with other militaries from many nations to discover more about infectious diseases and conduct research to protect our homeland against biological threats. In particular, NHRC has established and maintained direct collaboration with the Singapore Armed Forces’ Defense Medical and Environmental Research Insti-



**Vice Adm. Matthew L. Nathan
U.S. Navy Surgeon General**

tute (DMERI) for surveillance of FRI. These partnerships will lead to improved health care worker protection, reduction of transmission to other patients, and prevention of transmission in the community. It is truly remarkable work.

Another example of Navy Medicine working with medical organizations and labs around the globe to build partnerships is Naval Medical Research Unit No. 6 in Peru. NAMRU-6 is collaborating to set up influenza cohorts in Ecuador, Peru and Bolivia, so the results can be shared among countries. In addition, they are enhancing local laboratory capacity for influenza diagnostics in Ecuador, Paraguay and Peru, in accordance with the World Health Organization’s International Health Regulations. I applaud the great work being done to build medical partnerships with all of our labs — overseas and here in the U.S. These partnerships continue to lead to great medical discoveries.

As HIV/AIDS continues to be an ongoing threat in many countries and regions throughout the world, Navy Medicine is there to answer the call. Navy Medicine, designated as the Executive Agent for the DoD HIV/AIDS Prevention Program (DHAPP), provides the world’s largest source of HIV assistance to militaries and works with a worldwide cadre of military HIV experts to combat the harm and devastation that HIV inflicts on the health and readiness of the world’s military populations. There are many examples of their outstanding work spanning the globe. In Mozambique, for instance, DHAPP and Navy Medicine



**Navy and Marine Corps
Medical News**



U.S. Navy Bureau of Medicine and Surgery

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SAHARAN EXPRESS 2013 KICKS OFF IN SENEGAL

By Mass Communication Specialist
3rd Class Brian Glunt, Navy Public
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DAKAR, Senegal - Participants from 14 nations attended a pre-sail conference March 7, to kick off Exercise Saharan Express 2013 (SE-13).

SE-13 is a maritime exercise designed to improve cooperation among participating nations in order to increase counter-piracy capabilities and deter maritime crimes in West Africa.

This exercise provides African, European and U.S. maritime services the opportunity to work together, share information and refine methods in order to help West African nations better monitor and enforce their territorial waters.

"Saharan Express is important because the skills we will practice over the next few weeks can be used to enforce African maritime laws, and that will ultimately improve the lives of the people from the nations represented here," said Capt. Andrew Lennon, U.S. exercise director.

Although focused on counter-piracy and maritime security operations, the exercise includes a wide variety of training for all participating forces, including at-sea ship boarding and queries, medical familiarization, air operations, communication drills and regional information



Photo by Mass Communication Specialist 2nd Class John Herman

Hospital Corpsman 2nd Class Peter Wells conducts medical training with Gambian and Liberian sailors aboard the Spanish Guardia Civil vessel Rio Seguro during Exercise Saharan Express 2013, March 7. Saharan Express is an international maritime security cooperation exercise designed to improve maritime safety and security in West Africa.

sharing.

SE-13, which has occurred annually since 2011, is one of the four African regional Express-series exercises known as Africa Partnership Station (APS). The regional maritime exercises test skills learned from previous APS training events.

"Since 2011, Exercise Saharan Express has become the most privileged time of year in the annual event calendar of the Senegalese navy," said Rear Adm. Cheikh Bara Cissokho, Senegalese chief of navy staff. "Saharan Express is a pertinent

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Surgery

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ourselves as being a top-tier academic institution," said Brigger. "Procedures like this are what is done at high-level places that provide the highest level of care. From our standpoint, this is something we expect to be able to do."

The EXIT procedure required an unprecedented number of medical personnel, and a handful of teams, to carry out the surgery.

"We've never had to work with four or five teams at a time," said You. "We learned the power of a team, how to communicate as a team, and how amazing we can be if we put our minds together and accomplish a task."

According to Brigger, an EXIT procedure is rarely performed. This type of surgery is uncommon and few medical establishments have the requisite specialists and coordination abilities to accomplish such a complex procedure.

Months before the surgery, the Bardos' infant, Charlie, was found through imaging to have severe micrognathia, or an extremely small jaw. This condition meant Charlie was at critical risk for airway obstruction at birth.

"The degree of micrognathia presented a significant airway management challenge," said Brigger. "In my opinion, without proper planning, this child would've been placed at an unac-

ceptable mortality risk at birth."

Prior to the procedure, the medical team met with Brandon and Alina, informed them in detail about the surgery and advised them on what to expect.

"We were able to have plenty of time to sit with the family and work through the issues," said Brigger. "We discussed our findings, how we expected things to happen and what would be the different alternatives."

Alina and Brandon, who already have two children, were a bit distressed upon initially hearing the news about their unborn son's condition and the surgery he would have to endure.

"Everybody expects a healthy baby and to have a healthy child," said Brandon. "It took me about two weeks to come to terms with it. It was pretty surreal."

"We had a lot of family support that made it easier to deal with," added Alina.

Although the EXIT procedure was a success, Charlie, who was born at 35 weeks gestation, still has some long-term medical conditions to overcome. But the future is looking considerably brighter for the Bardos family, whose infant son's success thus far is owed to the dedication of the various medical personnel who have cared for him at NMCS.

"This is a premier hospital," said Brigger. "By being able to do a procedure such as this, it allows us to continue to deliver state of the art care in everything that we do."

Active Shield 2013 tests crisis response, readiness

By Lance Cpl. Brian Stevens, Marine Corps Air Station Iwakuni

IWAKUNI, Japan - U.S. service members came together and took up arms to defend Marine Corps Air Station Iwakuni by land, sea and air against an uncommon enemy.

The enemy consisted of Marines and sailors stationed here, operating under code name, "Red Cell." Units responding and observers evaluating performances operated under code name "White Cell."

"I get to construct a scenario that tests all of our unit's capabilities with assistance from subject matter experts from all those entities," said Lt. Col. Michael J. Carreiro, white cell officer in charge. "During the execution, my job is to make sure that the script plays out. In other words, we present the scenario to the commanding officer and all his staff and they don't know what the scenario is, they then have to make decisions based on their knowledge of the base and how they want to win the war."

Participants overcame situations such as finding suspicious packages, hazardous material spills and a gunman with multiple hostages. Throughout the exercise, multiple events would occur at the same time in an effort to see how many obstacles Active Shield participants could juggle at once.

"This year, when we sat down, we said, 'we want to make this the most dynamic, realistic and valuable exercise that we've ever experienced on Iwakuni,'" said Carreiro.

"I think in previous years, we certainly had the same objective to get the train-



Photo by Lance Cpl. Brian Stevens

Hospital Corpsman 2nd Class Shuhei Hamaguchi, Marine Wing Support Squadron 171, assisted by station firefighters, prepares to move an injured role player during Exercise Active Shield, March 5, 2013. As emergency responders arrived on scene, they triaged the wounded and treated them based on priority level. Active Shield is an annual exercise designed to test the station's response capabilities in an emergency situation.

ing, but the scope of imagination wasn't as wide. It was wide this year because the commanding officer said, 'I want to be tested to our utmost.' That gave us a great latitude of activity."

Like many training events in the Marine Corps, the exercise's goal is to learn from the mistakes and to improve for the future.

"We are actually still working on all the after-action reports from the different scenarios, but we learned that we can operate on organic forces as an air station," said Gunnery Sgt. Robert Baker, a white

cell observer. "We also learned where our stress points are and how far we can push ourselves while still being able to accomplish the mission. The task now is utilizing the information we learned and improving for next year, not to stress ourselves out even more, but to be more efficient as a unit."

In the end, Marines adapted and overcame every obstacle thrown their way, showing the command, as well as the world, MCAS Iwakuni is ready for anything that may come.

Partnerships

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personnel work with the Armed Forces for the Defence of Mozambique (FADM) to provide a peer educator-driven, evidence-based "Prevention with Positives" programs that are aimed at reducing risky behavior among HIV-positive soldiers and civilians. The FADM is also one of the first African militaries to begin addressing gender-based violence within its troops.

We recently established Navy Medicine's Global Health Engagement Office to better coordinate and synchronize our global health engagement efforts across the Navy Medicine enterprise and in support of our Navy and Marine Corps Components. Navy health personnel are engaged in bilateral and multilateral training throughout the world in military-to-military

education in topics such as pandemic influenza preparedness, naval survival training, provision of care in austere environments, hyperbaric medicine and other specialties. The Global Health Engagement Office is working to ensure Navy service members who have a role in GHE activities have the competencies and training necessary to succeed in all of our global health related missions.

To sum it all up, our Navy Medicine personnel are making a difference around the globe by being ambassadors of global health. We are able to both share and learn from our world partners to better lives and build relationships with nations. The work you do makes our military, the United States and the world a stronger and safer place for all of us. As always, I am extremely proud to be your shipmate. Thank you for your service and as always, it is my honor and my privilege to be your surgeon general.

Navy Surgeon General speaks at George P. Schultz lecture series

From U.S. Navy Bureau of Medicine and Surgery Public Affairs

SAN FRANCISCO - The top medical officer for the U.S. Navy and Marine Corps kicked off the 2013 George P. Schultz Lecture Series at the Marines' Memorial Club and Hotel, Feb. 19.

Vice Adm. Matthew L. Nathan, U.S. Navy surgeon general and chief, Bureau of Medicine and Surgery, spoke about Navy Medicine's mission to provide battlefield medicine, at sea medicine, wounded warrior care, patient care, research and development and humanitarian assistance.

He emphasized his top priority to keep Sailors and Marines medically ready and prepared to conduct their operational missions around the globe.

"Readiness is my top priority," said Nathan. "My job is to support the Commandant of the Marine Corps and the Chief of Naval Operations so our military forces are ready to deploy and operate forward."

Nathan explained that 70 percent of the earth is covered by water, and the world's oceans give the U.S. Navy the power to protect America's interests anywhere, and at anytime.

The Navy is stationed around the world, continued Nathan, and Navy Medicine is there with them, on the sea, above the sea, below the sea, and on the battlefields.

The Navy has the unique ability to act from the sea, Nathan explained. From the sea and forward deployed, we maintain a constant presence around the world and are ready to quickly respond when and where we are needed.

Nathan spoke of one of the greatest honors of being in Navy Medicine is the mission of supporting the Marines on the battlefield. According to Nathan, the continuum of care for combat wounded



Vice Adm. Nathan speaks to the audience at the George P. Schultz lecture series in San Francisco,, Feb. 19.

is unprecedented with a survivability rate of nearly 97 percent. He told the audience that the average time from when a patient receives a near-mortal wound on the battlefield until the time they are medically evacuated to the United States can be as few as three days, compared to 45 to 60 days that it took during the Vietnam War.

"Readiness is my top priority."

**Vice Adm. Matthew Nathan
U.S. Navy Surgeon General**

The surgeon general reminded the crowd that wounded warrior care, especially the invisible wounds of war such as traumatic brain injury and post-traumatic stress, is a long-term mission

that requires continued collaboration among the services, federal health care agencies, and the private sector.

Nathan also emphasized the importance of leveraging technology, research and development and collaboration to shape the future of health care. Due to the expeditionary nature of care Navy Medicine provides, it is imperative that we continue to explore innovations in technology.

Global health engagement is another

mission Nathan described during his remarks. He spoke specifically of the Navy hospital ship USNS Comfort (T-AH-20) and Navy Medicine's role during Operation Unified Response in Haiti following the 2010 earthquake. During that crisis, the Navy provided nearly immediate humanitarian assistance relief in the wake of disaster.

Nathan concluded by assuring the audience that our country is in the best hands possible when it comes to protecting and defending America.

"I have never been more proud of the young Sailors and Marines who are serving our country today," said Nathan. "They are the most dedicated, professional and highly trained force I've seen, and you should be proud too."

The George P. Schultz lecture series was established shortly after the events of 9/11 to bring prominent military and civilian leaders to the Marines' Memorial in San Francisco to speak on national security issues. The series assists the Marines' Memorial Association in fulfilling its mission to educate the public on the service and sacrifice of the nation's military veterans.



Got News?

If you'd like to submit an article or have an idea for one, contact MEDNEWS at 703-681-9032 or Valerie.Kremer@med.navy.mil

Portsmouth emphasizes care during Patient Safety Awareness Week

By Mass Communication Specialist
2nd Class (SW) Anna Arndt, Naval Medical Center Portsmouth Public Affairs

PORTSMOUTH, Va. - Naval Medical Center Portsmouth's Quality Management Directorate and Patient Safety Office marked National Patient Safety Awareness Week with a Patient Safety Awareness Fair March 7 with interactive displays.

The national week, March 3 - 9, is an annual education and awareness campaign for health care safety.

The weeklong celebration creates awareness in the community and among hospital staff and patients about the need for patient safety and informs them of recent advancements in providing safe care.

It also demonstrates to patients how the medical center is focused on their care and the value of their health care benefit.

This year's theme - Patient Safety 7/365 - signified seven days of recognition and 365 days of commitment to safe care.

During NMCP's fair, there were more than 40 exhibits lining the hallway of the Charette Health Care Center, covering topics from needle sticks and binge drinking to pressure ulcers and radiation safety, and highlighting many initiatives that contribute to safe care for patients and staff.

"The 40 interactive exhibits educated patients and staff and included games, prizes and teddy bears for children," said Karen McAdoo, patient safety specialist. "Health care providers were asked to join the campaign by wearing 'Patient Safety 365' buttons on their lapels to encourage constructive dialogue between patients and health care providers."

Prior to the beginning of the week, the Patient Safety Office displayed posters and flyers around the medical center encouraging staff and patients to think



Photo by Mass Communication Specialist 2nd Class Anna Arndt

Interior Communications Electrician Mark Kellerseskie, a counselor from Naval Medical Center Portsmouth's Substance Abuse Rehabilitation Program, shows the judges of the Patient Safety Awareness fair how the lines on some plastic cups are used for measuring servings of alcohol, March 7, at Naval Medical Center Portsmouth.

about patient safety and the questions they should ask their providers during health care encounters, as well as those staffing the display tables during the fair.

"We want there to be a partnership between the patients and the provider and make sure there is transparency in care and safety," McAdoo said. "We want to see that collaboration when we deliver health care, and we want the patients and the providers to have the resources they need to form that partnership."

To help achieve that goal, the Patient Safety Office handed out magnets with the safety pledge, as well as keychain cards and notepads with three important questions patients should ask their health care provider: what is my main problem, what do I need to do and why is it important for me to do this? Patients also received brochures about speaking up and the TeamUp program, a Department

of Defense patient safety program.

"These educational materials were prepared with an appreciation for the impact of diversity in health care settings where cultural health beliefs, education and other factors can affect a patient's view," said McAdoo. "We want to empower patients and to strengthen patient-to-provider communications to promote safety and reduce the incidence of error."

Providers were also reminded about the importance of speaking to patients in simple terms, listening to patient concerns and making sure patient questions are answered thoroughly.

Toward the end of the fair, a team of judges rated the presentations on the relationship of their topic to patient and staff safety, the impact of their initiative on patients, families and staff, and their appearance and creativity. Awards will be presented to the winners March 13.

Saharan

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concept that contributes to raising the operational level of our forces and the fight against trafficking at sea."

SE-13 takes place following last week's successful completion of Exercise Obangame Express 2013 (OE-13), another APS regional exercise focused on the Gulf of Guinea.

As part of the U.S. Navy's global maritime partnerships, APS was developed to support sustained, focused training and multi-

national and organizational collaboration on a regional scale in order to increase maritime safety and security in Africa.

APS serves to strengthen global maritime partnerships through training and collaborative activities in order to improve maritime safety and security in Africa.

Eight West African and six European nations are scheduled to participate in SE-13 including Cape Verde, Cote d'Ivoire, France, The Gambia, Liberia, Mauritania, Morocco, The Netherlands, Portugal, Senegal, Sierra Leone, Spain, United Kingdom and the United States.

Navy surgeon general commemorates Medical Corps' 142nd birthday

By Valerie A. Kremer, U.S. Navy Bureau of Medicine and Surgery Public Affairs

FALLS CHURCH, Va. - The Navy surgeon general commemorated the Navy Medical Corps with a message in honor of the Corps' 142nd birthday, March 3.

"On behalf of Navy Medicine and a grateful nation, I extend my sincere thanks and appreciation to the Navy Medical Corps as they celebrate 142 years of faithful and dedicated service," said Vice Adm. Matthew L. Nathan, U.S. Navy surgeon general and chief, Navy Bureau of Medicine and Surgery. "The Medical Corps' role has grown in both complexity and value over the past 142 years."

The Medical Corps was established March 3, 1871, when the 41st Congress enacted the Appropriations Act establishing the Medical Corps as a separate entity and as a Staff Corps. Its mission is to provide medical care to U.S. Navy and Marine Corps personnel, their beneficiaries, and others entrusted to their care.

In the message, Nathan addressed how the Medical Corps has not only met its mission but continues to move forward, paving the way ahead for Navy Medicine physicians in a variety of fields.

"Our Medical Corps personnel perform in the toughest at-sea and expeditionary environments that include missions across the spectrum - from kinetic warfare to humanitarian

assistance and disaster relief missions," said Nathan. "Navy physicians also serve in aviation and undersea medicine and as astronauts, exploring the frontiers of space. The Medical Corps continues to pave new frontiers in biomedical research, medical education and training, and patient care delivery at our clinics, hospitals, aboard our afloat platforms, and in combat theaters."

Today, more than 4,000 active duty and Reserve Navy physicians serve with both the Navy and the Marine Corps throughout the world.

Nathan remarked on the significant impact the work of the Medical Corps has had on the American people and those they serve.

"From providing care to patients in a medical treatment facility or during a humanitarian assistance mission overseas, our status with the American people has never been higher," said Nathan. "You continue to set the bar high and answer the bell. You stand up when called and step forward when needed."

As a member of the Medical Corps, Nathan commended the group in his message for their service.

"To the thousands of active duty and reserve Medical Corps Officers, I convey my deepest gratitude for your selfless service, your dedication to duty and your sacrifice in order to accomplish the mission and serve those who serve," said Nathan. "I am so proud to be your shipmate and it is my honor to serve with you."



Sailors become first military police to graduate from VA police academy

Master at Arms 2nd Class Joshua Lavine (Left), investigator, and Master at Arms 1st Class Lamont Ransom (Right), Lead Petty Officer of Security at the Captain James A. Lovell Federal Health Care Center, North Chicago, Ill., became the first MAs to enroll and graduate from the Veterans Affairs' basic police academy course. Before the former Great Lakes Naval Health Clinic and the North Chicago VA Medical Center integrated to create the Lovell FHCC in 2010, there wasn't a need for sailors to attend a VA police academy. But after integration, FHCC leaders placed a high priority on seeking approval for MAs to serve as MPs (Military Police) on VA property.



View more Navy Medicine photos online at:
www.flickr.com/photos/navymedicine/



NMCP doctor receives 'Building Stronger Female Physician Leaders' award

By Rebecca A. Perron, Naval Medical Center Portsmouth Public Affairs

PORTSMOUTH, Va - Naval Medical Center Portsmouth (NMCP) announced March 19, one of its members received the "Building Stronger Female Physician Leaders in the Military Health System" award as the junior Navy winner.

Cmdr. Nicole McIntyre is one of six female physicians - one senior and five junior winners from the Army, Navy, Air Force, Coast Guard and U.S. Public Health Service - selected for the award that recognizes those who have made significant contributions to military medicine and served as exemplary role models to female military doctors.

"It is truly an honor to receive the award," said McIntyre, an otolaryngologist (ear, nose and throat specialist). "I feel humbled knowing that the award recognizes women who have made significant contributions to military medicine and who have served as exemplary role models for other female physicians. There are so many women doing so many great things in military medicine today - deployed, on the battlefield, clinically engaged, research-oriented, academically involved and in significant leadership positions. I feel barely worthy of this award."

Since the award program began in 2010, a female physician from NMCP has been selected as the junior Navy or senior recipient three out of the four years.

"Her outstanding leadership and clinical abilities have proven invaluable to this command," wrote Rear Adm. Elaine C. Wagner, NMCP commander, in McIntyre's nomination package. "Her dedication to Navy Medicine's mission and her demonstrated abilities as a strong leader undoubtedly exemplifies all the traits that are most important and desired in a strong female physician leader."

McIntyre said there are good leadership opportunities for women in the military which are easier to attain when there are strong female leaders and mentors early in one's career.

"Leadership in the military for women is really all about role models," McIntyre said. "Years ago, when I was a lieutenant, I was fortunate enough to have had good role models. If you're

exposed to good role models, it is easier to move forward to those positions. I have had a few women who were very strong role models, so I would like to pay that forward and help other women when they are up and coming."

To keep that involvement going, she mentors female residents, interns and medical students as a faculty member of the NMCP and Eastern Virginia Medical School Otolaryngology residency programs.

McIntyre is a board-certified head and neck surgeon. She completed her internship in 1997, and her residency in 2005, both at NMCP. She has been staff at NMCP since 2009, first as the Otolaryngic Allergy department head, and most recently as the president of the Executive Committee of Medical Staff. She

is in charge of 1,000 medical personnel, providing policy guidance and indentifying performance and clinical improvement opportunities. In addition, she continues to operate, train residents and provide expert patient care.

"Leadership in the military for women is really all about role models."

**Cmdr. Nicole McIntyre
Physician, NMCP**

While serving as the Otolaryngic Allergy department head, McIntyre pioneered cutting-edge care by developing and administering the only large-scale allergy center in the Department of Defense; it has enrolled more than 300 patients. She also implemented the transition to injection-free allergy therapy at NMCP, the only facility in the Navy to offer this new treatment.

"This has probably been the biggest personal and professional growth year of my life," McIntyre said. "There's no other job where I would have gotten this experience, so I'm really lucky."

McIntyre first became interested in a career in Navy Medicine 20 years ago when she learned about the military's Health Professions Scholarship Program through her roommate in her first year of medical school at Michigan State University's College of Osteopathic Medicine.

"What appealed to me the most was the fact that everyone would be treated equally in the military, as well as the ability to travel and try new things," McIntyre added.

She has also been assigned as an air wing flight surgeon for Carrier Air Wing 3 aboard Naval Air Station Oceana, deploying on board USS Enterprise.



Photo by Mass Communication Specialist 2nd Class Jessica L. Younzen

Navy dietitian recognized for patient care

Registered dietitian Carly Hill listens to Marine Sgt. Jessica M. Salgado's dietary concerns during her visit to Naval Medical Center San Diego's (NMCS) nutrition clinic. Hill was recently recognized by the Academy of Nutrition and Dietetics for her personal testimony. Hill wrote that treating a young leukemia patient using medical nutrition therapy and food as medicine was particularly meaningful to her because as an adolescent, Hill battled the same type of cancer and is now a 12-year survivor. Hill said her ability to relate to her patient and share her nutritional expertise not only gave her patient a sense of hope and support, but helped the patient overcome long-term nutritional complications after intensive treatments. Hill is scheduled to be featured on a banner in New York City's Times Square in honor of Registered Dietitian Day March 13.

Japanese citizens, Marines commemorate Japan earthquake, tsunami

Camp Foster Public Affairs

OKINAWA, Japan - Japanese citizens stood side-by-side to sing memorial songs with the III Marine Expeditionary Force Band, the music signifying a remembrance of those lost and the continuing recovery efforts as all remembered a past tragedy but focused on hope for the future.

Okinawa-based Marines joined Japanese citizens for memorial ceremonies March 11 at Oshima Island and Kesennuma City in Miyagi prefecture, Japan, to commemorate the two-year anniversary of the Great East Japan earthquake and subsequent tsunami of March 11, 2011.

"We really benefit from and enjoy the relationship we have with the U.S. Marine Corps," said Shigeru Sugawara, the mayor of Kesennuma City. "It is really inspiring that the Marines can be with the children and the people of Oshima tonight."

Marines with the 31st Marine Expeditionary Unit arrived March 27, 2011, to Oshima Island to assist with relief efforts, including electricity restoration, debris removal, and distribution of basic necessities to residents. After two weeks of work, the Marines departed the island having formed a relationship that continues to grow two years later.

The ongoing relationship between the citizens and the Marines grew with the development of an annual youth cultural exchange program, which has brought children from Oshima Island to Okinawa for visits and interaction with military members and their families.

The events at Kesennuma City and Oshima Island gave some of the Oshima families and Marines another opportunity to visit with their counterparts from the exchange. For many of the band members who performed in the ceremonies, this was their second time on Oshima since the earthquake and tsunami.

In addition to the exchange program, Oshima officials are involved in disaster planning and cooperation with the Marine Corps as part of the relationship started during relief efforts in 2011.

"There have been many positive results of the two-year relationship between Oshima and Kesennuma City and the Marines of Okinawa," said Robert Eldridge, the deputy assistant chief of staff, G-7, government and external affairs, Marine Corps Installations Pacific. "Today's memorials reflect the strong bond between the communities as we remember the past and move towards a brighter and stronger future."

Marines attended a memorial ceremony in Kesennuma City, which included speeches, flower presentations and a moment of silence at 2:46 p.m., the time the earthquake occurred two years ago.



U.S. Marine Corps photo by Lance Cpl. Elizabeth A. Case

Okinawa-based Marines joined Japanese citizens for memorial ceremonies March 11 at Oshima Island and Kesennuma City in Miyagi prefecture, Japan, to commemorate the two-year anniversary of the Great East Japan Earthquake and subsequent tsunami of March 11, 2011.

The anniversary events brought Japanese citizens and Marines together again to remember the work done immediately after the disaster two years ago while celebrating recovery efforts since then, according to Maj. Gen. Peter J. Talleri, the commanding general of MCIPAC.

"Two years have passed since that great tragedy," said Talleri. "The progress the island and the region have made is remarkable and tangible. In this, Oshima has embodied the Marine Corps core values - honor, courage, and commitment. We understand there is still much work to be done. We pray for your continued health and recovery during these difficult times and want you to know we will be with you every step of the way."

In the evening, local residents and officials from Kesennuma City and Oshima Island joined members of the III MEF Band for another ceremony at Oshima Elementary School.

Japanese gospel singer Haruna Kinoshita joined the III MEF Band and sang while they performed "Amazing Grace." Elementary school students joined Kinoshita and the band for a final memorial song.

"The band's performance is a continuation of the relationship we have built since Operation Tomodachi," said Hironobu Sugawara. "It is very important to us to have the III Marine Expeditionary Force Band perform tonight."

Japanese residents and Marines were able to further strengthen the relationship that began two years ago through the memorial ceremonies, according to Sugawara.



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NAMRU-3 researchers work in Bulgaria to track Hantavirus

From NAMRU-3 Public Affairs

CAIRO - The Viral and Zoonotic Diseases Research Program (VZDRP) at the U.S. Naval Medical Research Unit No. 3 (NAMRU-3) recently completed a project started three years ago in Bulgaria on hantavirus surveillance in humans and rodents.

This project supported the international agreement on International Health Regulations to prevent and control the spread of disease in developing countries by strengthening their capacity for surveillance and control.

Hantaviruses, whose natural reservoirs are wild rodents, cause hemorrhagic fever with renal syndrome in many parts of the world. New virus strains are continuously being discovered.

The NAMRU-3 project began with a hospital-based study on acute febrile illness cases. Samples were collected from febrile patients from five hospitals in Bulgaria.

“Through GEIS (DoD Global Emerging Infections Surveillance and Response System) funding, NAMRU-3 established a state-of-the-art molecular and serologic diagnostic lab in Sofia’s National Center for Infectious and Parasitic Diseases (NCIPD) for screening the acute febrile illness samples,” said Dr. Emad Mohareb, NAMRU-3’s principal investigator on this effort. “NAMRU-3 provided equipment



Photo courtesy of NAMRU-3 public affairs

NAMRU-3 and Bulgarian researchers trap rodents as part of hantavirus surveillance in humans and rodents.

and training to their eager Bulgarian collaborators, which included biosafety training, lab processing of tissues and rodent collection procedures.”

With NAMRU-3 providing periodic quality assurance/quality control and proficiency testing support to the NCIPD, one hantavirus species named Dobrava was identified as the main hantavirus species in human serum samples in Bulgaria. The next phase of the project was to confirm the reservoir host. VZDRP’s Dr. Emad Mohareb and Mustafa Abdel Aziz, NAMRU-3 Animal Research Department’s Dr. Fady Guirguis, and Bulgarian research collaborators conducted rodent surveillance and trapped several species of rodents in areas with documented human cases.

Working with their Bulgarian collaborator, Dr. Iva Christova from the NCIPD, and other researchers from the Ministry of Health and the University of Plovdiv, the team identified trapping sites in southern Bulgaria and Burgas in eastern

Bulgaria. On two successive nights each month, rodents were trapped. Temperature, humidity and GPS coordinates were recorded. The team trapped 752 rodents and identified 13 different rodent species.

Using testing by polymerase chain reaction, the investigators determined that the yellow-necked mouse (*A. flavicollis*) is the most common reservoir for

the virus, and species identification has verified the circulation of only Dobrava hantavirus in villages where the rodents were collected.

The collaborative partnership of NAMRU-3 and the Bulgarian health and research institutions has gone a long way to strengthen the country’s public health surveillance network and better equip them to readily detect future hantavirus outbreaks in the human population.

“NAMRU-3 is focused on building medical capacities in developing countries to help in pathogen detection and enhance quality of life,” said Capt. Buhari Oyoyo, NAMRU-3 commanding officer.

“NAMRU-3 is focused on building medical capabilities in developing countries to help in pathogen detection and enhance quality of life.”

**Capt. Buhari Oyoyo
NAMRU-3 commanding officer**



Photo courtesy of NAMRU-3 public affairs

Researcher identifies trapping sites in Southern Bulgaria as part of a NAMRU-3 support surveillance study to block hantavirus infections.

The Journey of a Navy Neuropsychologist

By Lt. Ana Soper, Ph.D,
neuropsychologist, Marine Corps
Recruit Depot, Parris Island

Although the trail from civilian to Navy officer was not the trail I had planned to take, the experience of being new to the Navy has given me some of the most broadening and poignant moments of my life (e.g., hearing Old Glory read aloud for the first time).

In case you haven't heard, neuropsychologists can be a bit on the "thorough" side. As a Veterans Affairs staff neuropsychologist, I had a 30-year future career mapped out in detail, until I heard a life-changing talk given by a Navy neuropsychologist featuring the practice of neuropsychology in the Navy (in theater), and who spoke highly of the Navy's people. Come to find out that in the Navy you really do get to run with some amazing people – literally.

My first duty station is at Naval Hospital Beaufort, S.C., serving Marine Corps Recruit Depot (MCRD) Parris Island, the USMC's East Coast recruit command.

As an early career neuropsychologist, I am engaged in opportunities I would only have dreamt of receiving later in my career had I remained in a civilian health care system. First, neuropsychology services have not previously been provided here and I have had the opportunity to develop a neuropsychology service at our hospital and to get a new cognitive rehabilitation component of a stress management program up and running. The Department of Defense (DoD) has well promoted provider awareness of concussion and traumatic brain injury (TBI), in my observation. My command was extremely supportive and well-informed about what I do as a neuropsychologist.

I work within a hospital that serves Marines and Sailors who have served in combat, an extraordinary opportunity for a neuropsychologist who specializes in TBI assessment. However, given the additional patient population of retirees and dependents, it is also possible to see



Photo courtesy of Lt. Soper

Lt. Ana Soper as team leader of the Navy Training Vessel Buttercup.

the full complement of neuropsychology cases that we would see in an adult general practice.

Another way of looking at this experience is that you will never feel so valued as when your boots hit the ground at a small command, and when people find out you are a neuropsychologist.

A few parting words applicable to direct accession neuropsychologists:

1) As a civilian neuropsychologist, you may be accustomed to being embedded within a large team of rehabilitation professionals as I was. In rehabilitation-speak, Navy Medicine is now your interdisciplinary team!

Early outreach of those within my specialty community (e.g., regional colleagues at the Camp Lejeune Marine and Sailor Concussion Recovery Center) was critical. If you are new to the Navy, you will be part of a strong professional network. Our specialty leader greatly facilitates this. You will also certainly

receive my warm welcome and offer of assistance!

2) My formative clinical experiences were through the VA health care system, which helped with readiness to serve our population. I recommend the high-caliber VA fellowship grads as a pipeline for our direct accessions. As we move toward interagency "jointness," it will be interesting for us to continue to develop our collaborative spirit with VA.

3) Routine discussion of ethical practice in the Navy has provided excellent preparation for those of us who are studying for board certification in neuropsychology (ABPP-CN).

4) As a direct accession, you enter the Navy as a junior officer, which can be an unfamiliar role for a neuropsychologist or rehabilitation psychologist. This is a personal journey that you go on as a direct accession, but I can tell you that when I focus my thoughts on "Ship, Shipmate, Self" there is no greater path to travel.

To keep up with Navy
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